# Employee/Supervisor Incident/Accident Report Form

Full Name:_____ Employee ID #_____ # of days worked per week:_____

Physical Address:_____ City_____ State:_____ Phone #_____

Last day worked date:_____ Date of return to work:_____ F/T P/T Seasonal Volunteer

Job Title:_____ Date of Injury:_____ Time of Injury:_____ Regular Days Off_____

Did worker return to work during next scheduled shift: Y / N If No, will wage loss exceed 6 work days? Y / N / Not Sure

| Describe how the incident/accident happened, location of the incident/accident, and cause. Explain what you were doing when you were injured, be specific. |
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**Employee Signature:_____ Date:_____**

**Identify the causes of this incident/accident by checking the appropriate items below:**
**All problems should be identified so they can be eliminated**

___Inadequate job Training
___Inadequate standards for hiring, placement & upgrading
___Lack of motivation or incentive to work safely
___Management disinterest in accident prevention
___Management unawareness of safety fundamentals
___Failure to conduct planned safety inspections
___Failure to incorporate safety standards in purchasing practices
___Failure to enforce safe job procedures
___Lack of safe job procedures
___Lack of adequate supervisory training
___Lack of competent safety staff services
___Failure to assess true accident costs
___Failure to implement adequate preventative maintenance measures
___Failure to incorporate safety standards into the design of production facilities
___Rapid expansion of supervision & employee work force
___Drastic up & down changes in production rates
___Active antagonism between mgmt & labor

**Unsafe Conditions:**

___Inadequately guarded
___Defective tools, equipment or substance
___Hazardous arrangement
___Improper illumination
___Failure to use personal protective devices
___Improper ventilation
___Unsafe clothing
___Unsafe design or construction
___Faulty equipment
___Operating without authority
___Operating at unsafe speed
___making safety devices inoperative
___Using unsafe equipment
___Using equipment unsafely
___Unsafe loading, placing or mixing
___Distraction, teasing, horseplay
___Short cut to save time or effort
___Acts to another person not employed by our business

**Personal Conditions:**

___Worker's hobbies
___Worker's off-the-job activities
___Worker's personal problems
___Pre-exsisting medical conditions or impairment of worker or co-worker

| Other Causes, please explain: |
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**Supervisor Signature:_____ Date:_____**